

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61	/					
12							62		/				
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24				/			74		/				
25				/			75		/				
26				/			76		/				
27				/			77	/					
28				/			78		/				
29				/			79		/				
30				/			80		/				
31				/			81		/				
32				/			82		/				
33				/			83		/				
34				/			84		/				
35				/			85		/				
36				/			86		/				
37				/			87		/				
38				/			88		/				
39				/			89		/				
40				/			90		/				
41				/			91		/				
42				/			92		/				
43			/	/			93		/				
44			/	/			94		/				
45			/	/			95		/				
46			/	/			96		/				
47			/	/			97		/				
48			/	/			98		/				
49			/	/			99		/				
50			/	/			100		/				
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	54					
TOTAL CLAIMS							TOTAL CLAIMS	60					